

Foster Family Home - Criteria Report

Provider ID: 1-160002

Home Name: Glenn Abara

Review ID:

66-894 Paahihi St.

Reviewer: David Ayling

Waialua

HI

96791

Begin Date: 11/20/2017

End Date: 11/20/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d) To be certified as a community care foster family home, a person, agency, or organization shall:

6.(d)(1) Comply with all applicable requirements in this chapter; and

6.(d)(2) Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: Home visit for 2 person CCFFH made on 11/20/17. PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 client certification.

David Ayling

Compliance Manager

11/20/17

Date

[Signature]

11-20-17

Primary Care Giver

Date